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**** CONTINUING DATA ******* none

**** FOREIGN APPLICATIONS ******* none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/07/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 9	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature: [Signature] Initials: [Initials]

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TITLE
 METHOD OF TIMING CALIBRATION

FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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